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Summary of mid-term reviews and major evaluations of country programmes

West and Central Africa region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews (MTRs) and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs and evaluations described in the present report were conducted during 2002.

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Mid-term reviews

1. Cape Verde and Niger were the only two countries in West and Central Africa which conducted mid-term reviews (MTRs) in 2002. Niger has gained some political and social stability since the installation of the elected Government in December 1999. The country programme was implemented in this favourable context, which offered an opportunity to the Government to undertake important structural reforms. The period also coincided with the development of civil society, local non-governmental organizations (NGOs), associations and an independent press. However, the programmes also faced constraints including low rates of access to and disparities in the development of key basic services, as well as pervasive illiteracy, poverty and inefficient resources.

2. Cape Verde organized general elections in 2000 and 2001. The country is politically stable and human rights are very much respected, and its socio-economic indicators reflect good overall performance. Cape Verde performance, however, is still fragile. Consolidating gains and addressing emerging issues, including children's and women's protection and participation, remain major challenges for the country.

Niger

3. **MTR design and process**. In order to harmonize its programme cycle with those of the other United Nations agencies operating in Niger, UNICEF shortened its country programme for 2000-2004 by one year. The new programme, which was presented to the Executive Board at the 2003 annual session (E/ICEF/2003/P/L.7), will begin in January 2004, along with the programmes of the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA) and the World Food Programme (WFP). To review the previous programme and to prepare the new one, the Government and UNICEF established the Joint Planning and Coordinating Committee, chaired by the Ministry of Finance and Economy, which coordinated the MTR. The meeting, which was held on 16 October 2002, was attended by several Ministers, parliamentarians, ambassadors, traditional chiefs, children and representatives of international organisations and NGOs, as well as UNICEF staff from headquarters and the Regional Office. The Government was very positive about the outcome of the MTR, which was based on intensive bilateral and sectoral consultations with partners, thematic discussions and internal reviews held since May 2002.

4. **The situation of children and women**. The under-five mortality rate (U5MR) is very high, at 280 per 1,000 live births. Malnutrition rates are is also alarmingly high: 40 per cent of children under five years are underweight; 14 per cent suffer from wasting; and 12 per cent of infants have low birth weight. The rate of exclusive breastfeeding is estimated at only 2 per cent. Only 42 per cent of the population have access to health care. Less that than one fourth of children aged 12- 23 months receive all their childhood vaccinations and 45 per cent of children do not receive any. One fifth of the population suffers from goitre. The main causes of U5MR are associated with widespread poverty, illiteracy, inadequate sanitation, the harsh environment, poor access to potable water and limited availability of and access to health services.

5. Niger's fertility rate is the highest in the world, with 50-year-old women having on average eight live births, a result of early and poorly spaced pregnancies. The maternal mortality ratio is 700 per 100,000 live births. High fertility adversely affects women's health and is symptomatic of their low status. Efforts are still needed to increase access to prenatal care (currently 40 per cent) and delivery by qualified health personnel (16 per cent). The rate of HIV prevalence is estimated at 2 per cent. The increasing number of pregnant women infected with HIV and the overall poor knowledge about HIV transmission are particularly worrying; only 25 per cent of women of reproductive age know that abstinence, fidelity and condom use protect them against HIV/AIDS.

6. Access to potable water (48 per cent urban, 17 per cent rural) and to adequate sanitation (18 per cent urban, 5 per cent rural) is limited and hygiene is poor. Water-borne diseases are highly prevalent and account for 8 per cent of all deaths in Niger. Outbreaks of typhoid and meningitis are common, with a high fatality rate.

7. The gross school enrolment rate was only 42 per cent in 2002. Just one girl in three attends school and 90 per cent of women are illiterate. Women are confined to the role of housewife, in charge of all domestic work, which adds up to 17 hours a day. Some 70 per cent of children in Niger work in some form or other, many starting by the age of five years. This early initiation into a hard life increases the child's vulnerability to various health problems and malnutrition.

8. Only 45 per cent of children under five years old are registered at birth, with large disparities between urban and rural areas (85 per cent/40 per cent). Contributing factors are illiteracy, lack of information and motivation among the population, insufficient infrastructure in outlying areas, long distances to schools and the lack of a national strategy dedicated to the civil registration process.

9. **Key achievements and constraints**. In the face of low socio-economic performance, the country programme has chosen specific key areas, strategies and innovative approaches to push for progress. Substantial accomplishments were made in the face of stagnating poverty but many other challenges still remain.

10. The U5MR has decreased as a result of increased immunization, health coverage and consumption of micronutrients. These achievements are due to improved management of health services through the Bamako Initiative, community participation, microplanning, service delivery and strengthened technical capacities. Some 3 million children under five years were vaccinated during polio eradication campaigns. Targets were met or exceeded with 87 to 105 per cent of the target population reached as a result of government commitment, door-to-door strategies, local vaccination days and successful social mobilization campaigns. Civic education and mobilization against HIV/AIDS reached schools, military barracks, religious leaders, traditional chiefs, pastoralists, nomads and remote villages.

11. In coordination with UNFPA and within the United Nations Development Assistance Framework (UNDAF), the programme conducted intensive actions in the area of reproductive health. The National Micronutrient Days, associated with the National Immunization Days (NIDS), were successful in reaching 89 per cent of targeted children, 52 per cent of women post-partum and 59 per cent of pregnant women. The implementation of the integrated management of childhood illnesses (IMCI) initiative has gone one step further with the preparation of a strategic plan

and support for capacity-building. IMCI has been introduced in the curriculum of health schools.

12. The education programme focused on conditions in schools, innovative curricula and provision of equipment and furnishings. There have been positive changes in behaviour and attitudes towards girls' education as shown by a higher proportion of girls attending schools, even in conservative and nomadic zones. Nationwide, there was a steady increase in school attendance by boys and girls between 2000 and 2002. The quality of education and of the school environment has improved. Community-based schools initiated by the Integrated Basic Service (IBS) programme have been instrumental to this achievement. In the area of literacy, UNICEF worked with other partners to promote reading and writing. New literacy centres were created but combating illiteracy among women remains a major challenge.

13. The IBS programme works with village clusters (intervention units), which share such resources as health centres, schools, grain mills and cereal banks. The programme has made significant advances in community-based planning and has been able to get government counterparts to focus on community-based development as a participatory planning process. This in turn has become a catalyst in addressing the needs of rural communities. Communities in the intervention units are fully empowered to carry out their situation analysis and needs assessment and to complete relevant plans of action. They are now able to address issues regarding the fulfilment of their rights. By integrating interventions from all sectors, the programme has created a programmatic synergy.

14. The IBS programme achieved an average 10-point increase in immunization coverage and micronutrient distribution in all 12 districts covered by the programme. Nutritional surveillance has been reinforced in 500 villages with community-based growth monitoring teams, which raised parents' awareness about their children's diet. Women's awareness of their reproductive health needs also has increased. The pilot promotional sale of mosquito nets in two districts created an increased demand for and use of mosquito nets, resulting in reduced malaria morbidity and mortality. While there was a four-point increase in school attendance in the 12 districts, in some districts, girls' attendance actually doubled. Teacher training included a special focus on HIV/AIDS and on the promotion of income-generating activities as a catalyst to enhance girls' continued school attendance. Community involvement in school management enhanced teachers' capacities to be more results-oriented. The programme strengthened the capacity of community-based structures, including village development, animation, management and women's committees. Other important achievements included the creation of local committees to promote a rights-focused culture in the intervention units, as well as breastfeeding groups, community childhood centres and regional and departmental observers for children's rights. Training and civic education on the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women promoted positive changes in the attitude of villagers towards children's and women's rights.

15. Child protection is now a stand-alone component of the country programme. UNICEF has consolidated and enlarged its partnership with ministries, public committees responsible for children's and women's issues, donors and NGOs. In several areas of collaboration with NGOs, UNICEF assumed a leading and

pioneering role. Together with bilateral donors (the Governments of France and Switzerland) and United Nations agencies (the International Labour Organization and UNDP), UNICEF promoted intersectoral dialogue with different government bodies regarding situation analysis, programming and implementation of activities on juvenile justice, child labour and handicapped children. Several initiatives were taken to harmonize national laws with the two Conventions. National and regional committees on child survival, protection and development have been established to monitor the implementation of the two Conventions and to propose new strategic approaches. Associations and NGOs are particularly active in this policy dialogue.

16. UNICEF strengthened its strategic partnership with the Association of Traditional Chiefs of Niger (*l'Association des chefs traditionnels du Niger* (ACTN)) to create a regional momentum by organizing a subregional symposium attended by 70 traditional chiefs from Burkina Faso, Chad, Cameroon, Mali, Mauritania, Niger, Nigeria and Senegal. The chiefs supported the *Say Yes for Children* campaign and signed the *Sahel Engagement*, which not only reaffirmed their commitment to work as development partners but also constituted a reference framework for using cultures and tradition to enhance and protect children's rights.

17. Important initiatives have been taken to improve the knowledge of the public at large about the rights of children and women. UNICEF supported the preparation of a National Communication Policy for Development. The validation of the policy in January 2002 constituted a solid foundation for achieving significant results in the area of behavioural change. UNICEF enhanced its partnership with public and private media and with regional and rural radio stations and community-based radio stations and radio clubs. The partnership with ACTN continued to be instrumental in legitimizing discussions on early marriage, girls' education, AIDS prevention, malaria prevention and treatment and in mobilizing the population during the NIDs. The partnership with the private press constituted an added value in making visible UNICEF field-based activities and in reinforcing collaboration with the media.

18. Several key results in the area of monitoring and evaluation deserve to be highlighted. National and UNICEF capacities have been strengthened through the implementation and annual review of the integrated monitoring and evaluation plan (IMEP). Monitoring of the country programme has improved through the establishment or strengthening of an integrated monitoring system in the 12 IBS target districts, which allowed for the participatory collection of basic information. The second multiple indicator cluster survey and a baseline survey in the 12 IBS districts were key to improving the availability of information on the situation and rights of children. Knowledge on the situation of children has also improved. Several programmes undertook important studies and UNICEF supported the general population census in 2001.

19. The progress noted during the MTR was obtained in a context of a very poor economic situation. Structural constraints, specifically low rates of access to basic social services, illiteracy and poverty, have undermined these achievements. Poorly-skilled government partners and frequent mobility of national staff involved in programme implementation were serious administrative constraints. Behavioural change is needed in the face of strong cultural constraints. Lack of information regarding the most vulnerable groups and lack of a data collection and management system for child protection hinders the definition and design of policies and programmes aimed at increasing the fulfilment of human rights in Niger.

20. **Assessment of programme strategies and lessons learned**. All programme strategies were endorsed by the MTR. Because the programme cycle ended in 2003, no major structural and strategic changes were foreseen. Several lessons were drawn during the first three years of programme implementation. The partnership with ACTN has constituted a frame of reference for using culture and tradition as a means to advance children and women's rights. The increased collaboration of UNICEF with civil society and other partners in the areas of behavioural change and community-based activities is contributing to the development of local capacities conducive to sustainable results. The IBS programme was able to get government counterparts to look at community-based development as a participatory planning process, concretely addressing the needs of the poorest segments of society. Communities have now developed coping strategies to deal with their problems. Microplanning is now a strategic approach for all country programme components used in assessing communities' needs. This demand has even exceeded national capacities to respond to it and is a major challenge to UNICEF and other partners in the next country programme cycle.

21. **Country programme management plan**. The country office streamlined its internal control mechanisms, initiated programme management measures, implemented the recommendations of the 1999 audit and is also implementing in full the recommendations of the 2002 audit. The MTR emphasized that UNICEF should strengthen its capacity to fulfil effectively its role of supporting government and community initiatives. The country programme management plan (CPMP) was reviewed as part of the MTR, and several changes in staffing and reporting relationships, considered critical to meet the needs of the next year, were proposed.

22. **Agreed recommendations**. The MTR made important recommendations that will help to define interventions during 2003 and guide UNICEF in the preparation of the UNDAF and the new country programme of cooperation. It was agreed that the country programme had evolved since 2000 to meet national needs, including the priorities of the UNICEF medium-term strategic plan (MTSP). Such issues as HIV/AIDS, child protection and the integration of early child development in the community development programme have been emphasized more than had been planned originally.

23. The MTR recommended that the Government: (a) accelerate the reorganization of non-formal education to ensure the integration of Koranic schools within the formal educational system, and reinforce formal and non-formal education by improving educational quality and the school environment, and by developing new approaches towards childhood education; (b) accelerate the administrative, technical and financial decentralization process and deploy qualified and sufficient personnel to technical services; (c) take into account the multisectoral dimension of HIV/AIDS in all programme planning and implementation; and (d) redefine a child protection policy, taking into consideration new developments, including birth registration, orphans, vulnerable children and data collection.

24. The MTR recommended that UNICEF: (a) adopt country programme objectives and strategies as reformulated for 2003, and revise its education strategies in accordance with the Government's policy letter; (b) regionalize local supply to facilitate disposal and control by concerned structures and apply microplanning as a programming and management tool; (c) continue and reinforce support to government efforts in the areas of social mobilization, implementation of the

National Communication Policy for Development, resource mobilization, decentralization and the adaptation of laws in accordance with the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women; (d) strengthen advocacy as a tool to convince other partners to supplement the funding and implementation of community plans of action in IBS zones; and (e) reinforce knowledge of children in difficult situations in order to advocate relevant strategies, and initiate a child protection programme component.

25. The MTR noted a number of emerging issues for the new country programme, within the frameworks of *A World Fit for Children*, the UNDAF, MTSP and the poverty reduction strategy. These included HIV/AIDS, child protection, early childhood development and decentralization.

Cape Verde

26. **MTR design and process**. A steering committee, comprised of the Director of International Cooperation, the Director of Planning and UNICEF Assistant Representative, drafted the MTR terms of reference, oversaw the process and provided overall guidance and leadership. All programme partners took part in the preparation of the MTR, which included intensive information gathering. The analysis of the situation of children conducted in 1998 was updated and focus groups were organized with the country programme's beneficiaries. Institutions from the private and public sectors and bilateral and multilateral agencies participated in the assessment of the country programme and its priorities. Four of the programme's projects were evaluated. Thematic groups were in charge of reviewing protection, early childhood, monitoring and evaluation and adolescents' issues. The Institute of the Women's Issues conducted a gender equality analysis and the Institute of Statistics provided statistical information used during the review.

27. The MTR took place in November 2002 and was attended by more than 70 persons, including 16 children and adolescents, representatives of bilateral and United Nations agencies, the UNICEF Regional Office, the Minister of Solidarity and Labour, the First Lady and several high- ranking government officials.

28. **Update on the situation of children and women**. Cape Verde's economy is highly dependent on international development assistance and remittances from migrant workers. Food insecurity is chronic and the country meets only 10 per cent of its food needs. Nearly one inhabitant in three lives in poverty, and women who are heads of households and young people are particularly affected by unemployment. U5MR is low by African standards. Perinatal, infectious and respiratory diseases are the main causes of death. Three quarters of the population have access to safe water, but sanitation coverage is rather low as less than one half of the population use safe means of excreta disposal. There are large differences between urban and rural areas in terms of access to safe water.

29. Almost all children, girls as well as boys, attend primary school, but the quality of education has to be improved. About one teacher in three has no professional training, textbooks contain sexist stereotypes and there is violence against children in schools. Some 60 per cent of children aged four to six years attend pre-school. Three quarters of the adult population are literate, but there are disparities between men and women (84 per cent/67 per cent) and between urban

and rural populations (76 per cent/57 per cent). The prevalence of HIV/AIDS is increasing, and children make up 7 per cent of the infected population. Mother-to-child transmission accounts for 5 per cent of all recorded HIV cases.

30. Cape Verde submitted a report to the Committee on the Rights of the Child in October 2001. The report highlighted such emerging issues as violence against children, mistreatment of children, child work, family disruption, lack of birth registration certificates, children in conflict with the law, child prostitution, orphans and alcohol and drug consumption.

31. **Key achievements and constraints**. In collaboration with the WHO, UNICEF organized polio immunization campaigns that reached 91 per cent of children under five years in 2000 and 90 per cent of children under age 15 years in 2001 and 2002. The hepatitis B vaccine has been introduced into the expanded programme on immunization (EPI). Nearly 96 per cent of children under 15 years were immunized against measles in 2002. The national campaigns contributed in revitalizing and increasing demand for these services. The Government provided $50,000 for routine immunization activities. The health programme conducted an external review of the EPI and a survey of immunization coverage. With all these efforts, about two thirds of children under five years old have fully been immunized.

32. In partnership with WHO, the programme also achieved important results in the area of nutrition. Two hospitals were designated "baby-friendly". Nutritional surveillance activities have resumed for children under five years. A law on the production and sale of iodized salt has been passed and implemented. Due to UNICEF support for its production, 20 per cent of the population consume iodized salt. A protocol on nationwide distribution of iron and vitamin A has been developed and 10 basic health centres were equipped in rural and suburban areas.

33. UNICEF supported the development of a national strategic plan for the fight against HIV/AIDS and contributed to the elaboration of a national strategy for the prevention of mother-to-child transmission of HIV, to be implemented in 2003. Counselling services on sexually transmitted infections (STI) were made available to young people.

34. In collaboration with WFP and the Austrian and German cooperation agencies, the country programme contributed to the improvement of pre-school learning conditions of 2 per cent of kindergartens, strengthening the teaching capacities of one third of pre-school teachers and one fifth of primary-school teachers and managers. Since 2000, 17 per cent of primary-school children have received textbooks and 3 per cent of girls received school uniforms as a means of improving learning conditions at school. The organization of a round table on young child development helped to increase the awareness of the public and civil society of the need for a national policy on the young child. Already, the National Strategic Plan for Education and the National Plan of Education for All (EFA) have incorporated the main recommendations of the round table.

35. In helping the Government to develop a national sanitation policy, UNICEF has drawn the attention of development partners to the necessity to fight recurrent outbreaks of cholera and diarrhoeal diseases. UNICEF assisted the Government in establishing a national geographic information system for water, which is now going on scale to cover all 17 municipalities. The system will also be used for the

education and health sectors. More than 15,000 inhabitants have gained access to safe water or improved sanitary disposal.

36. UNICEF supported many advocacy activities in the area of child rights, which resulted in increased popular awareness of child rights violations. At present, people report violations to government bodies and municipalities. Cases of sexual abuse and mistreatment are increasingly disclosed and reported. The media have been playing a key role in public debates over these sensitive issues. The rights of children and adolescents to participation in various national and international events, even in cultural and artistic ones, have been increasingly recognized. The programme supported three major studies: an evaluation of the implementation of women's rights; a study of sexual abuse and violence against children; and one on birth registration. The conclusions of these have studies were shared with stakeholders and projects have been implemented to address issues that they raised.

37. With the United Nations country team, UNICEF contributed to the preparation of the Common Country Assessment and the UNDAF, which was signed with the Government in September 2002.

38. Programme implementation was affected by the 2000-2001 general elections. The Government's involvement in other programming exercises (e.g., the interim poverty reduction strategy paper, the national development plan, sectoral strategic plans, the EFA plan) also affected programme implementation. The lack of a national policy for retaining skilled civil servants, the rapid turnover of civil servants and weak national capacities for managing projects and maintaining equipment could also affect the achievement of final results. The lack of an IMEP has affected monitoring of programme implementation, especially in the context of a weak national routine information system.

39. **Assessment of programme strategies and lessons learned**. Designed with a strong cross-sectoral emphasis, the programme has been implemented in a vertical manner. This limitation will be addressed in the coming years. It was assumed that service delivery would lose importance over the years but this has not been the case and supply assistance increased in 2001. Municipal capacities for planning have been strengthened due to the country programme's decentralization strategy. This strategy has to be pursued further and its implementation must be improved if the programme is to be effective and its achievements are to be sustainable. Good access to pre-school education offers an opportunity for integrated interventions for the development of the young child. Similarly, reproductive health centres provide opportunities for interventions benefiting children aged 0-18 months. For the rest of the programme cycle, families will serve as an entry point to reach children under three years, who will benefit from promotion of exclusive breastfeeding, IMCI, birth registration, support for orphans and activities for prevention of mother-to-child transmission of HIV.

40. **CPMP and agreed recommendations**. The MTR recommended that a protection project be created and funds provided by the French Government will be used to address child protection issues in a more global and holistic way. The MTR also recommended that the capacities of UNICEF and its partners for monitoring and evaluation be strengthened and that the office should recruit a Planning, Monitoring and Evaluation Officer and design an IMEP. The review also recommended the recruitment of a national Professional officer for water and sanitation, and the establishment of a fully funded United Nations Volunteer post for

protection. Cape Verde comprises several islands and the long distance between them increases travel costs, which represent a large part of programme funds. The MTR therefore recommended that the support budget be increased to cover these costs.

41. Three new specific objectives related to HIV/AIDS, early childhood development and emergency preparedness were added to the country programme. An integrated communication plan should be developed in order to strengthen national and UNICEF capacities in the area of communication. The current country programme will be extended to 2005 to ensure harmonization of the UNICEF programme cycle with those of other United Nations agencies, which will start in 2006. In the meantime, the country programme will develop an interim programme for the period to 2005.

Major evaluations

Evaluation of HIV/AIDS programme, Ghana

42. Since 1996, Ireland Aid has supported UNICEF Ghana in the implementation of activities that aim to promote behavioural change to limit the spread of HIV/AIDS and STIs. After an evaluation of these projects in 1997, Ireland Aid provided a second round of funding to continue these activities in different areas of the country. UNICEF undertook the evaluation of this programme in 2002, focusing on the period 1998-2000. The objectives of the evaluation were to: (a) identify the programme's gains and achievements, both intended and unintended; (b) describe the lessons learned; and (c) provide options for future development. Various methodologies were utilized to collect information, such as the review of project documents and progress reports, focus group discussions with peer educators, visits to shops and pharmacies, individual interviews with staff of UNICEF and partner NGOs and ministries at national, regional and district levels.

43. The evaluation highlighted the following achievements. The youth-to-youth peer education component in Northern and Upper Eastern Regions was found to have clear objectives and its educational activities were in line with the project document. The expected output was achieved, with a total of 514 peer educators aged 15-30 years trained between 1998 and 2000. Almost all the peer educators were retained. The peer educators in turn reached out to more than 60,000 young people in and out of school. An additional 20,000 adults where reached indirectly with HIV/AIDS messages.

44. The component on HIV/AIDS prevention through peer education with commercial sex workers in Obuasi (Ashanti Region) was found to have been quite successful in terms of outreach, with more than 2,000 individuals contacted. However, problems with the management of loans prevented the programme from resettling commercial sex workers by providing them with alternative incomes. It can be anticipated that if UNICEF were to pull out of this component, it would not significantly threaten the continuation of activities as agreements have been reached with various NGOs (CARE International, Save the Children) and the District Assembly to take over the UNICEF-funded activities.

45. The component on HIV/AIDS prevention among young people, including street children in Accra, was part of the urban community-based development project implemented by various NGOs. The component achieved its expected output by training 252 peer educators, 50 counsellors and 50 supervisors who provided HIV/AIDS education to more than 12,000 young people. It was also successful in retaining the majority of the peer educators. Almost all expected results have been reached and even exceeded, as each day about 300 children are reached in the street and at refuges where they receive information and health services, if needed.

46. Important lessons were learned from the evaluation. The components supported by UNICEF are sensitive to gender issues, which has been taken into account in the development of materials and in the way that peer education is organized. The careful selection and training of peer educators are critical to the success of the "peer-to-peer" approach. The involvement of school authorities and parents for in-school youth and of community leaders for out-of-school youth makes it more likely that suitable candidates are selected, thus reducing the need for frequent replacements. Peer educators, though young, reach out to adults and are well received by them. This demonstrates a high demand in the communities for accurate information on HIV/AIDS. Building ownership has been a strong element in all the UNICEF-supported projects under review. By identifying NGO partners with strong links to the community, it has been possible to get strong community support from the outset. Out-of-school youth are not a homogenous group and it is important to develop a variety of strategies to reach the various subgroups. Scaling-up of the programme would also require a deepening of the relationship with key ministries including the Ministries of Health and of Education.

Evaluation of the distribution of insecticide-treated bednets by community-based organizations, Nigeria

47. Since June 2001, UNICEF Nigeria has distributed more than 80,000 insecticide-treated bednets and 80,000 follow-up insecticide retreatment kits to more than 90 interested community-based organizations (CBOs) working in the four Nigerian states that are the focus of Roll-Back Malaria activities (Bauchi, Enugu, Federal Capital Territory and Ogun). The project aimed to create demand and develop a market for the nets. The CBOs received an initial stock of nets and retreatment kits that would be used for starting a business to sell and promote them as a means of reducing malaria within their communities. After training, the CBOs were expected to sell their stock of nets and kits in their communities at recommended retail prices. On sale of the stock, they were expected to use the proceeds to purchase more nets directly from the existing commercial market for continued sale to their communities.

48. UNICEF evaluated this project in 2002, 8-12 months after the CBOs received their initial training and stocks. The evaluation's objectives were to: (a) determine if its organizational structure determines a CBO's success in marketing the nets; and (b) determine the major constraints and lessons learned from the sale of the nets, including the success of demand-creation efforts. The methodology was based on (a) quantitative analysis of the sales data; and (b) qualitative collection and documentation of information received from a series of in-depth interviews with CBO representatives.

49. The evaluation found that the operational structures of the CBOs are very diverse and that there is no one type of structure that is conducive to sale of the nets. Principally, a strong and determined individual taking the lead was one of the major factors that made a CBO successful as a sales outlet. Other findings were that: (a) the use of several agents as opposed to one structured outlet resulted in higher sales; (b) large-volume sales are more likely to occur if they can be made to organizations and institutions; and (c) monthly sales were not as high as anticipated. Very few CBOs are stocked out, showing a lack of demand that was not anticipated a year ago when the stocks were first distributed.

50. The evaluation recommended that: (a) CBOs can continue to be used as an effective demand creation mechanism that will stimulate the commercial market as long as the focus of their activities is changed. They must move from acting simply as sales agents to being "awareness creation" agents. The selection of the CBOs must be based on stringent criteria. If they are to continue selling insecticide-treated nets, the CBOs require much more intensive training not only in the areas of malaria and use of the nets but also in cost-effective methods to conduct their own promotional activities; general reporting processes; commercial and marketing practices; and credit facilities. The activities of CBOs require sustained promotion at the state level, and there is an urgent need to look more closely at how to encourage the purchase and use of retreatment kits. Now that the initial stocks of nets have been sold, CBOs must be encouraged to promote the importance and advantages of retreatment, and encourage the purchase of retreatment kits within six months of first treatment. The findings of this evaluation will be used, together with a larger survey on ownership of insecticide-treated nets in the four focal states, to assess the success of current efforts in the Roll Back Malaria programme.

Evaluation of the African Girls' Education Initiative, Ghana

51. The Government of Ghana is currently implementing a programme to achieve free, compulsory and universal basic education for all school-age children by 2005. The current three-year (2001-2003) African Girls' Education Initiative funded by the Government of Norway is implemented within the context of the government programme and the UNICEF country programme for 2001-2005.

52. The main goal of the UNICEF-supported programme is to improve girls' education through advocacy, capacity-building, curriculum reform, teacher development and a community-based approach. To implement the programme, UNICEF collaborated with such governmental agencies as Ghana Education Services (both at the national and district levels), the Girls' Education Unit of the Curriculum Research and Development Division and NGOs and academic institutions (University of Cape Coast and University for Development Studies).

53. The evaluation found that there was progress in terms of access. Using the gross enrolment rate for girls as an indicator, all but one of the seven focus districts were found to have positive results. Girls' performance in school also improved, with support from the Norwegian Agency for Development Cooperation (NORAD) contributing to this result. At the policy level, major constraints that affected programme implementation included the absence of reliable data for planning and inadequate microplanning skills, especially at the district level. Inadequate understanding of gender issues in planning and policy was another major obstacle to

internalization of gender issues. Most of these constraints are compounded by attrition of skilled personnel from Ghana Education Services to NGOs because of the poor incentives for public workers. At the community level, perceived traditional roles of girls and women, and competing demands on girls' time between household and income-generating activities on one hand and school on the other, have to be addressed. Other problems are inadequate parental interest and direct investment in girls' education, poor infrastructure, inadequate basic teaching and learning materials and cultural biases. At the school level, gender-sensitive teaching manuals are not widely available. There is also a virtual absence of local classroom materials on rights.

54. Several lessons were learned from this evaluation. There is strong political will to adopt measures which favour girls' education. The new education bill will, hopefully, give adequate policy direction to programmes. The support from NORAD has enabled the development and fine-tuning of best practices for the promotion of girls' education, and also supported the development of the girls' education programme of the UNDAF. The challenge is to integrate some of these best practices in the development of the Education Sector Strategy and the Education For All Fast Track Initiative for Ghana. Through sensitization, attitudes and perceptions about girls' education are changing positively. Many people have now realized the importance of girls' education and are beginning to give it their attention, even though the level of parental support for girls still lags behind that for boys.

Evaluation of the African Girls' Education Initiative, Cameroon

55. Cameroon undertook the evaluation of the African Girls' Education Initiative in 2002. This initiative targeted eight districts (*arrondissements*) where the school enrolment ratio is low and the gender gap wide, in addition to pockets in the suburbs of Yaoundé and Douala with high drop-out rates. The evaluation methodology consisted of desk reviews and interviews of project managers, school children and representatives of parents' associations and educational institutions involved in the project.

56. The evaluation found that the project has achieved tangible results. Girls' enrolment has increased noticeably. In 1999-2000, there were 27,000 schoolgirls in the eight target *arrondissements*. In 2002, four of the arrondissements had more than 40,000 schoolgirls. The repetition rate for girls decreased from 26 per cent in 1999-2000 to 24 per cent in 2001-2002. Their drop-out rate decreased from 5 to 4 per cent in the same period, and rate of promotion to secondary increased from 61 to 69 per cent. The gap between boys' and girls' enrolment rates has narrowed drastically. Interviewees reported that discrimination against girls at school and home has been declining. Girls are expressing themselves more openly in schools. Parents' perception of girls' education has changed in a positive sense. Community participation in school management has been strengthened. Parents' associations have been created or become more dynamic. Close and active collaboration between schools and communities is developing. Mothers' associations have played a key role in these changes. Many schools have been equipped and have acquired textbooks through the book borrowing system established by the programme. All these activities resulted in improvements in girls' education.

57. There were some drawbacks, however. Some parents still believe that school cannot ensure the moral integrity of girls who have reached puberty. They think that boys and girls should not mix in the same schools. They see the loss of cultural values as a problem that impedes girls' education. The sustainability of the project has also been questioned, as it is possible that some parents are interested mostly in gifts their daughters bring home from school. Sometime teachers' salaries are not paid, which can undermine the project sustainability. A rapid increase in enrolment can become a problem if increased demand for schools is not met by a sufficient supply of classrooms.

58. The evaluation recommended that advocacy and social mobilization be strengthened; ways to scale up the programme should be sought; and the programme's sustainability should be ensured through regular payment of teachers' salaries.

Evaluation of community schools, Central African Republic

59. The Government of the Central African Republic and UNICEF evaluated a new approach of using community schools to promote girls' education. The project started in 1994 in two prefectures. The evaluation aimed to draw lessons from the approach in order to make adjustments to the new country programme for 2002-2006 (approved by the Executive Board at the second regular session of 2001 (E/ICEF/2001/P/L.10/Add.1)) and to assess the possibility of scaling up the approach nationwide. The specific objectives of the evaluation were to measure the impact of UNICEF-supported interventions in the project pilot area and to assess the effectiveness of the strategies used. The evaluation addressed such issues as community participation in the project, project ownership and sustainability. It also assessed the extent to which teachers' capacities have been developed.

60. The evaluation used desk reviews, data collection and analysis from the village surveillance system, analysis of routine education statistics, interviews and focus groups with project beneficiaries and partners, and assessments of teachers' professional skills. Independent national evaluators, under the supervision of a national committee composed of all project stakeholders, carried out the evaluation, and children, women, parents, community representatives, local authorities and NGOs all took part.

61. The evaluation showed that the construction of 23 schools had a positive impact as more than 1,000 school children, 60 per cent of them girls, were enrolled. The gap between girls' and boys' enrolment rates has been considerably reduced in the project area. The rate of transition to formal schools has improved as many of the school children were promoted to secondary school. Adolescents were trained in sewing, carpentry and gardening, and they and their parents expressed appreciation for the professional training provided by the project. The adolescents who received the training in turn have become very useful in their communities.

62. Promoting girls' education by allowing girls who have dropped out to return to school was found to be a very relevant approach. The involvement and the commitment of communities in all processes have been key factors in the success of the project. Many other prefectures in the Central African Republic have requested that the project be developed in their areas. There were some constraints, however. Poverty may undermine the viability of the project as lack of income, resulting from

poor sales of such export crops as cotton and coffee, may undermine regular payment of teachers' salaries. The weak operational capacity of community schools has also constrained the rapid development of the project. These issues will be addressed in the 2003 project plan of actions.

63. The evaluation recommended that: the duration of the training be increased; the teaching of history, geography and natural sciences be introduced in the community school curriculum; the supply of equipment and teaching materials be increased; training in skills related to agriculture and cattle-raising, which are the dominant local economic activities, be strengthened; regular payment of teachers' salaries be ensured; and the project be extended to the whole country, with the support of partners.

Evaluation of the project on education of young people and adolescents by peer educators to prevent transmission of HIV and other STIs, Kinshasa, Democratic Republic of the Congo

64. The project on education of young people and adolescents to prevent transmission of HIV and other STIs, funded by UNICEF and the United States Agency for International Development, began in 1994. Seven NGOs, as well as young people and adolescents, collaborated in its implementation. The project's main strategy was to use person-to- person communication by peer educators in order to reduce transmission of HIV and other STIs through the adoption of low-risk sexual behaviour, specifically abstinence, fidelity and regular use of condoms. The project provided information and training to young people and adolescents and gave them easy access to care and counselling in health facilities.

65. The main objective of the evaluation was to assess the project's relevance, effectiveness, adequacy, efficiency and impact. The 2003-2005-country programme and the National Programme for the Fight Against HIV/AIDS will use the evaluation's results and recommendations.

66. As there was no logical framework during the project design, the evaluation had to reconstitute one the better to assess the results. The methodology included a desk review, interviews with donors and NGOs, a survey of knowledge, attitudes and practices of a sample of 300 young people and adolescents, focus group discussions with 100 adults and parents of young people who were beneficiaries of the project, and observation of training sessions on role play, debates and films, facilitated by peer educators.

67. The evaluation found that the project was very relevant when it was designed and still is. Data available when the project was designed showed a low level of knowledge about STIs, HIV/AIDS and the health consequences of high-risk sexual behaviour. Lack of discussion on sexuality between adolescents and their parents and lack of specific heath services for young people justified the project's establishment. Person-to-person communication, the project's main strategy, was found to be relevant. It created some enthusiasm among young people and adolescents and was an effective means of communicating messages as young people can easily speak to each other.

68. The evaluation pointed out some weaknesses in the project's effectiveness. At the time of the evaluation, young people and adolescents reached by the project understood better how to prevent STIs and HIV/AIDS (42 per cent) than did those who were not (31 per cent). They reported a higher frequency of condom use during casual sex (42 per cent). They seemed to have more compassion for people living with HIV/AIDS (88 per sent) than did the comparison group (68 per cent). More (93 per cent) reported positive changes in their sexual behaviour than those in the comparison group (83 per cent). However, their access to health care and counselling is still weak. Lack of data at the stage of the project design limited the validity of the results assessment. The project's impact was not assessed as no data were collected on the prevalence or incidence of HIV/AIDS among young people and adolescents.

69. The cost of sensitizing one person is $7.30, which covers training of peer educators and training sessions. Weaknesses in implementation and lack of training are factors that account for this rather high unit cost. Peer educators work in pairs, not alone, meaning that more of them are needed and costs are higher. In fact, the targeted number of peer educators to be trained was not reached and indeed, most trained adolescent had left and were no longer available. Hence, the project's efficiency was rather weak.

70. As designed, the project would hardly be viable and sustainable. Ownership by beneficiaries and communities was weak as peer educators and beneficiaries requested to be paid to participate in project activities. Parents, church members and teachers had a positive attitude towards the project but as is the case with the national AIDS programme, they made no financial contribution to the project, nor did the NGOs involved. Young people and adolescents had to pay for their health care and the cost-recovery system never worked, as most people were not able to pay.

71. The evaluation recommended that more short-term projects be designed and that NGOs be advocated for stronger involvement and commitment in terms of financial support and capacity-building; and that peer educators receive professional training in order to retain them and attract more adolescents to the project. Costs could be reduced if fewer peer educators were used. The peer educators should be recruited on a voluntary basis and work alone rather than in pairs. Other communication activities should be developed, for example street theatre and school performances, and their effectiveness evaluated. The health facilities and services for young people and adolescents should be increased through a design that ensures increased access and viability.

Conclusion

72. Positive changes regarding major evaluations are taking place in the region. Evaluations are becoming more strategic and in line with the priorities of the MTSP. In the evaluations reviewed in this report, such key questions as relevance, effectiveness, efficiency, ownership, sustainability, participation and going to scale were addressed. Evaluations are also becoming more participatory and increasingly involve such project stakeholders as young people and adolescents (as in the Democratic Republic of the Congo, beneficiaries (as in the Central African Republic, Democratic Republic of the Congo and Ghana), communities, NGOs,

donors and national partners. The validity of evaluations is improving, as a mix of qualitative and quantitative methods were used, which in turn ensured the credibility of their findings. These included desk reviews, interviews, field data collection, analysis of routine statistics, interviews of key stakeholders and focus groups. Above all, these evaluations spelled out their intended utilization, which is the most important rationale for undertaking an evaluation. However, efforts are still needed by country offices to better formulate lessons learned and recommendations.